

**AFFIDAVIT OF MECHILLE HENRY**

**STATE OF MISSISSIPPI**

**COUNTY OF** Marion

Personally came and appeared before me, the undersigned authority in and for the said County and State, within my jurisdiction, the within named Mechille Henry, who, having been duly sworn by me, states on oath:

1. My name is Mechille Henry and I am over 21 years of age. I am of sound mind and I am competent to testify as to the matters set forth in this affidavit.

2. I have been employed with the Mississippi Department of Human Services ("MDHS") for over ten (10) years. I am currently Director of Region VI-N of MDHS. As part of my duties, I meet with the Area Social Work Supervisors and caseworkers in my region and periodically review their cases to asses the care that foster children in our region are receiving.

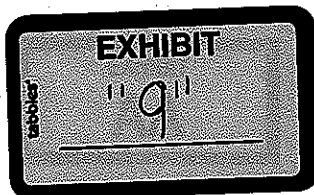
3. MDHS has worked hard to provide protection and services to the foster children it serves. The foster children in this region have been provided with sufficient food, clothing, shelter, and medical care. Our workers have done all they reasonably can to keep our foster children free from harm.

4. The matters set forth herein are based on my own experiences, observations, and personal knowledge of such matters.

5. I declare under penalty of perjury that the forgoing is true and correct to the best of my knowledge, information, and belief.

FURTHER AFFIANT SAYETH NOT, this the 26<sup>th</sup> day of April, 2006.

Mechille Henry



MECHILLE HENRY

SWORN TO AND SUBSCRIBED BEFORE ME, this the 26 day ofApril, 2006.  
NOTARY PUBLIC

My Commission Expires:

Jan 01, 2008